



**Commonwealth of Virginia  
Department of the Treasury  
Unclaimed Property Division**

Fax to: (804) 786-4653  
Or Mail to: P. O. Box 2478  
Richmond, VA 23218



Request for participation in the Commonwealth of Virginia Unclaimed Property Voluntary Compliance Program:

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State of Incorporation of Company: \_\_\_\_\_

Location of Accounting Records (City, State): \_\_\_\_\_

FEIN for Company: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Number located in Virginia: \_\_\_\_\_

Industry Type: \_\_\_\_\_ SIC Code \_\_\_\_\_

Requested By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

To be completed by the Division of Unclaimed Property:

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Participation number assigned: \_\_\_\_\_